be financially independent if not employed.

- (5) United States employment. Sponsors are required to check in advance with the Department of Labor to obtain information regarding areas or cities which have a high unemployment rate. Students should be advised to avoid such areas in seeking employment.
- (6) Financial responsibility. Sponsors are required to ensure that all participants return home at no charge to the United States Government.
- (7) Health and accident insurance. Sponsors shall ensure that every student has health and accident insurance coverage from the time of departure from home until the student returns to his or her home country. Minimum acceptable insurance is:
- (i) Medical and accident coverage up to \$2,000 per injury or illness; and
- (ii) Preparation and transportation of remains to home country (at least \$2,000). Coverage may be provided in one of the following ways:
- (A) By health and accident coverage arranged for by the student.
- (B) By health and accident insurance coverage arranged for by the sponsor.
- (8) Geographical distribution. Sponsors shall develop plans to ensure that groups of students, especially those of the same nationality, are not 'clustered' in certain areas or cities. Every effort should be made to have the students widely dispersed throughout the country.
- (9) Arrival time. Students for whom the sponsors have arranged "preplacement" for jobs can begin their programs at any time. Travel for students who have not been "preplaced" should be delayed by the sponsors as late as possible, preferably after June 15. Such delayed travel will give American students who are interested in obtaining summer jobs from two to four weeks in a less competitive market.
- (10) Reciprocity. Sponsors are required to administer Student Travel/Work Programs on a reciprocal basis. The number of foreign students a sponsor brings to the United States under this program shall not exceed, in any calendar year, the number of American students who were sent abroad by the sponsor on a Travel/Work Program.

Should a sponsor fail in the realization of reciprocity in any given calendar year, the Agency may restrict the number of foreign students that the sponsor brings to the United States in the next calendar year to the number sent abroad by the sponsor in the preceding calendar year.

- (11) Report requirement. Sponsors are required to submit an annual report, not later than January 31, on the United States students who were sent abroad the previous calendar year under Travel/Work Programs. The report should contain the following information: Name and United States address of the student, the country where the student was employed, name of employer and type of business, and the type and length of employment (dates). The report should also include an ongoing evaluation of both the incoming program for foreign students and the outgoing program for American students. Major problems encountered in the administration of the program should also be listed. Failure to submit the report by January 31 will result in the automatic suspension of the program. The program will not be reactivated until the report is received by USIA and the sponsor notified that suspension has been lifted.
- (12) Unauthorized activities. Employment as servants, mother's helpers, au pair or other jobs of a domestic nature in private homes is not authorized. Employment must be of a commercial or industrial nature. Also, employment as a Camp Counselor is not authorized under the Travel/Work Program. All such unauthorized placements will be removed from the count of United States placements abroad which could reduce the number of foreign students which the sponsor will be permitted to bring into the United States during the following year.
 - (b) [Reserved]

Subpart H—Fees

§514.90 Fees.

(a) Remittances. Fees prescribed within the framework of 31 U.S.C. 9701 shall be submitted as directed by the Agency and shall be in the amount prescribed by law or regulation. Remittances

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must be drawn on a bank or other institution located in the United States and be payable in United States currency and shall be made payable to the "United States Information Agency." A charge of \$25.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. If an applicant is residing outside the United States at the time of application, remittance may be made by bank international money order of foreign draft drawn on an institution in the United States and payable to the United States Information Agency in United States currency.

(b) *Amounts of Fees.* The following fees are prescribed:

Request for waiver review and recommendation—\$136.

[63 FR 34810, June 26, 1998]

APPENDIX A TO PART 514— CERTIFICATION OF RESPONSIBLE OF-FICERS AND SPONSORS

In accordance with the requirement at \$514.5(c)(6), the text of the certifications shall read as follows:

1. Responsible Officers and Alternate Responsible Officers

I hereby certify that I am the responsible officer (or alternate responsible officer, specify) for exchange visitor program num-____, and that I am a United States citizen or permanent resident. I understand that the United States Information Agency may request supporting documentation as to my citizenship or permanent residence at any time and that I must supply such documentation when and as requested. (Name of organization) agrees that my inability to substantiate the representation of citizenship or permanent residence made in this certification will result in the immediate withdrawal of its designation and the immediate return of or accounting for all Forms IAP-66 transferred to it.

Signed in ink by

(Name)					
(Title)					
Witness:					
This	da	day of		, 19	
Subscribed					
	day of		, 19	_•	
Notary Pub	lic				
2. Sponsor.	S.				

I hereby certify that I am the chief executive officer of (Name of Organization) with the title of (specify); that I am authorized to sign this certification and bind (Name of Organization). I further certify that (Name of Organization) is a citizen of the United States as that term is defined at 22 CFR §514.2. (Name of Organization) agrees that inability to substantiate the representation of citizenship made in this certification will result in the immediate withdrawal of its designation and the immediate return of or accounting for all Forms IAP-66 transferred to it.

Signed in ink by

(Name)
(Title)
Attestation/Witness: This day of, 19
Notary Public
APPENDIX B TO PART 514—EXCHANGE VISITOR PROGRAM SERVICES, EX- CHANGE-VISITOR PROGRAM APPLICA- TION
Form Approved OMBSerial No
1. Name and Address of Sponsoring Organization
2. Name and Title of Responsible Officer
Telephone Number
$\overline{\mbox{3. Name and Title of Alternate Responsible}}$
Telephone Number
4. Type of Application (check one) New Re-Apply Re-Designation
SECTION I—PROGRAM PARTICIPANT DATA (FOR DEFINITION & LENGTH OF STAY SEE 22 CFR)
5. Participation by Category (indicate tota no. and approximate duration of stay in each category) A. Student B. Teacher C. Professor D. Researcher E. Short-term Scholar F. Specialist G. Trainee 1. Specialty

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2. Nonspecialty	
H. Int'l Visitor	
I. Gov't Visitor	
J. Physicians	
K. Camp Cnslr	
L. Sumr/Wk/Trvl	

6. Method Of Selection

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7. Arrangements for Financial Support of Exchange Visitor while in the U.S.

SECTION II—PROGRAM DATA

- 8. Outline of Proposed Activities (If training, See Reverse)
- 9. Arrangements for Supervision and Direction

10. Purpose of Objective

11. Role of other Organizations Associated with Program (if any)

SECTION III—CERTIFICATION

12. Citizenship Certification of Organization and Responsible Officer (see reverse)

13. I certify that information given in this application is true to the best of my knowledge and belief and that I have completed appropriate information on reverse of this form.

Signature of Responsible Officer

Date

INSTRUCTIONS FOR ALL PROGRAMS

If additional space is needed in supplying answers to any questions, please use continuation sheets on plain white paper.

- 1-3. Names and addresses of organization and telephone numbers.
- 4. Select type of application.
- 5. Select appropriate categories (see 22 CFR prior to filling out this data).
- 6-7. Complete information on program sponsor.
- 8-11. Complete information on program.

IF TRAINING PROGRAM, identify appropriate fields: 01—Arts & Culture; 02—Information Media and Communications; 03—Education; 04—Business and Commercial; 05—Banking and Financial; 06—Aviation; 07—Science, Mechanical and Industrial; 08—Construction and Building Trades; 09—Agricultural; 10—Public Administration; 11—Training, Other

Reapplication and Redesignation:

If your organization is making reapplication as an exchange visitor program, or applying for redesignation under 22 CFR ____, please certify to the following:

I hereby certify that as an officer of the organization making application for an exchange program under 22 CFR $_$ or 22 CFR

____ that the following documents which have been submitted to the United States Information Agency, Exchange Visitor Program Services, remain in effect and not altered in any way:

- (1) Legal status as a corporation such as Articles of Incorporation and By Laws. Provide dates and state of both:
- (2) Accreditation. Provide date, type of accreditation, and State of accreditation:
- (3) Evidence of Licensure. Provide date, type of license, and state of licensure:_____.
- (4) Authorization of governing body authorizing application. Please provide date of such authorization and authorizing body:

(5) Activities in which the organization has been engaged have not changed since application dated:_____.

(6) Citizenship. Provide the date of compliance with citizenship requirements:_____. If citizenship compliance is not current, please complete the following:

Organization: I hereby certify that I am an officer of _____ with the title of _____; that I am authorized by the (Board of Directors, Trustees, etc.) to sign this certification and bind _____; and that a true copy certified by the (Board of Directors, Trustees, etc.) of such authorization is attached. I further certify that _____ is a citizen of the United States as that term is defined at 22 CFR 514.1.

Responsible Officer or Alternate Responsible Officer: I hereby certify that I am the responsible officer (or alternate responsible officer) for _____, and that I am a citizen of the United States (or a person lawfully admitted to the United States for permanent residence. _____ agrees that my inability to substantiate my citizenship or status as a permanent resident will result in the immediate withdrawal of its designation and immediate return of or accounting for all IAP-66 forms transferred to it.

Certification as to (1)-(6) Requirements:

I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signed in in	ık by	(Name)	_			
Title						
Subscribed	and	sworn	to	before	me	this
day of		, 19	Notary Public			2

United States Information Agency

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USIA Use Only	5. b. Add the following Alternate Respon-
Type of program:	sible Officer:
Subtype if applicable:	
No. Forms IAP-66:	
Categories:	
Please return form to:	
Exchange Visitor Program Services-GC/V,	(Citizenship is required for all Responsible and
United States Information Agency, Wash-	Alternate Responsible Officers-See Reverse)
ington, DC 20547 NOTE: Public reporting burden for this col-	6. () Send (indicate number) IAP-66
lection of information (Paperwork Reduction	forms. (PLEASE ALLOW FOUR TO SIX
Project: OMB No. 3116–0011) is estimated to	WEEKS FOR RESPONSE AND REMEMBER
average minutes/hours per response, in-	TO SUBMIT THE ANNUAL REPORT)
cluding time for reviewing instructions, re-	() Send copies of this form.
searching existing data sources, gathering	8. () Send copies of Codes for Edu-
and maintaining the data needed, and com-	cational and Cultural Exchange.
pleting and reviewing the collection of infor-	9. () Cancel the above named Exchange
mation. Send comments regarding this bur-	Visitor Program.
den estimate or any other aspect of this col-	(Signature of Responsible or Alternate Re-
lection of information, including suggestions	sponsible Officer)
for reducing this burden, to USIA Clearance	sponsible officer)
Officer, M/ASP, U.S. Information Agency, 301 4th Street, SW., Washington, DC 20547; and	(Date)
to the Office of Information and Regulatory	(Title of Signing Officer)
Affairs, Office of Management and Budget, Washington, DC 20503.	(
washington, DC 20303.	APPENDIX D TO PART 514—ANNUAL RE-
APPENDIX C TO PART 514—UPDATE OF	PORT—EXCHANGE VISITOR PROGRAM
INFORMATION ON EXCHANGE-VISITOR	SERVICES (GC/V), UNITED STATES
PROGRAM SPONSOR	INFORMATION AGENCY, WASHINGTON,
1 ROGICANI DI ONDOR	DC 20547, (202-401-7964)
Please amend the United States Informa-	
tion Agency records for Exchange-Visitor	Exchange Visitor Program No Re-
Program Number as follows:	porting Period Provide Range of
	Forms IAP-66 Documents Covered by this
(Name of institution/organization)	Report ().
1. Change the name of the Program Sponsor	(A) STATISTICAL REPORT
from the above to	
nom the above to	(1) ACTIVITY BY CATEGORY
2. Change the address of the Program	Number
Sponsor	rumber
From:	Professor
	Research Scholar
	Short-term Scholar
	Trainee
(city) (state) (zip)	Student (College and University)
To:	Student (Practical Trainee)
	Teacher
	Student (Secondary)
	Specialists Physicians
(city) (state) (zip)	PhysiciansInternational Visitors
3. () Change the telephone number from	Government Visitors
	Camp Counselors
to () Change the fax number from	<u> </u>
to	Total
4. () Change the name of the Responsible	
Officer of the above program from to	(2) Forms IAP-66 Reconciliation
The Delete the fell of the Alteria	(i) Number of Forms IAP-66 void-
5. a. Delete the following Alternate Re-	ed or otherwise not used by par-
sponsible Officer:	ticipant
	(ii) Number of Forms IAP-66
	issued for dependents (iii) Number of Forms IAP-66 cur-
	rently on hand
	Terrery off fiding

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(B) PROGRAM EVALUATION

On a separate sheet, please provide a brief narrative report on program activity, difficulties encountered and their resolution, program transfers, anticipated growth and the proposed new activity, cross-cultural activities, as well as the reciprocal component of the program.

I, The Responsible Officer of the program indicated above, certify that we have complied with the insurance requirement (22 CFR 514.14). I also certify that the information contained in this report is complete and correct to the best of my knowledge and be-

Responsible Officer (signed) Date

Name and address of sponsoring institution

APPENDIX E TO PART 514—UNSKILLED OCCUPATIONS

For purposes of 22 CFR 514.22(c)(1), the following are considered to be "unskilled occu-

- (1) Assemblers
- (2) Attendants, Parking Lot
- (3) Attendants (Service Workers such as Personal Services Attendants, Amusement and Recreation Service Attendants)
- (4) Automobile Service Station Attendants
- (5) Bartenders
- (6) Bookkeepers
- (7) Caretakers
- (8) Cashiers
- (9) Charworkers and Cleaners
- (10) Chauffeurs and Taxicab Drivers
- (11) Cleaners, Hotel and Motel (12) Clerks, General
- (13) Clerks, Hotel
- (14) Clerks and Checkers, Grocery Stores
- (15) Clerk Typist
- (16) Cooks, Short Order
- (17) Counter and Fountain Workers
- (18) Dining Room Attendants
- (19) Electric Truck Operators
- (20) Elevator Operators (21) Floorworkers
- (22) Groundskeepers
- (23) Guards
- (24) Helpers, any industry
- (25) Hotel Cleaners
- (26) Household Domestic Service Workers
- (27) Housekeepers
- (28) Janitors
- (29) Key Punch Operators (30) Kitchen Workers
- (31) Laborers, Common (32) Laborers, Farm
- (33) Laborers, Mine (34) Loopers and Toppers
- (35) Material Handlers
- (36) Nurses' Aides and Orderlies
- (37) Packers, Markers, Bottlers and Related

- (38) Porters
- (39) Receptionists

- (40) Sailors and Deck Hands (41) Sales Clerks, General (42) Sewing Machine Operators and Handstitchers
- (43) Stock Room and Warehouse Workers
- (44) Streetcar and Bus Conductors
- (45) Telephone Operators
- (46) Truck Drivers and Tractor Drivers
- (47) Typist, Lesser Skilled
- (48) Ushers, Recreation and Amusement
- (49) Yard Workers

PART 515—PAYMENTS TO AND ON BEHALF OF PARTICIPANTS IN THE INTERNATIONAL **EDUCATIONAL** AND CULTURAL EXCHANGE PRO-GRAM

Sec.

- 515.1 Definitions.
- 515.2 Applicability of this part under special circumstances.
- 515.3 Grants to foreign participants to observe, consult, demonstrate special skills, or engage in specialized programs.
- 515.4 Grants to foreign participants to lecture, teach, and engage in research.
- 515.5 Grants to foreign participants to study.
- 515.6 Assignment of United States Government employees to consult, lecture, teach, engage in research, or demonstrate special skills.
- 515.7 Grants to United States participants to consult, lecture, teach, engage in research, demonstrate special skills, or engage in specialized programs.
- 515.8 Grants to United States participants to study.
- 515.9 General provisions.

AUTHORITY: Sec. 4, 63 Stat. 111, as amended, 75 Stat. 527-538; 22 U.S.C. 2658, 2451 note; Reorganization Plan No. 2 of 1977; Executive Order 12048 of March 27, 1978.

SOURCE: 44 FR 18019, Mar. 26, 1979, unless otherwise noted.

§515.1 Definitions.

For the purpose of this part the following terms shall have the meaning here given:

(a) International educational and cultural exchange program of the United States Information Agency. A program to promote mutual understanding between the people of the United States and those of other countries and to strengthen cooperative international relations in connection with which payments are made direct by the